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CONFIRMATION NO. 8278

<b>SERIAL NUMBER</b> 09/811,248	<b>FILING OR 371(c) DATE</b> 03/16/2001 <b>RULE</b>	<b>CLASS</b> 521	<b>GROUP ART UNIT</b> 1711	<b>ATTORNEY DOCKET NO.</b> 368-011B
<b>APPLICANTS</b> Kinam Park, West Lafayette, IN; Haesun Park, West Lafayette, IN;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/855,499 05/13/1997 PAT 6,271,278 which is a CIP of 08/416,269 04/04/1995 PAT 5,750,585				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/31/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 18
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Medicus Associates 2804 Kentucky Ave. Joplin, MO64804				
<b>TITLE</b> Super-absorbent hydrogel foams				
<b>FILING FEE RECEIVED</b> 485	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	